

AFFIDAVIT OF INSPECTION

I, _____, certify that the work performed
(Name of Architect, Engineer, or Person License under Chapter 468 FS*)

at, _____ without an inspection
(Address of Construction)

from Santa Rosa County Building Inspection Department conforms to the applicable technical codes and standards.

Permit Number _____ Type of Inspection _____

Comments _____

Signature, seal and registration number of the Architect or Engineer:

| | |
|---------------------|----------------------|
| Signature _____ | Registration # _____ |
| Date: _____ | Address: _____ |
| Phone number: _____ | _____ |

*Signature and license number for person licensed under Chapter 468 Florida Statutes, Part XII Building Code Administrators and Inspectors:

| | |
|---------------------|-----------------|
| Signature _____ | License # _____ |
| Date: _____ | Address: _____ |
| Phone number: _____ | _____ |